

010/541360

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
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TOTAL DEP.							
TOTAL CLAIMS							